CMS StarQuest Enterprise Sharing Orbits with RCI

Elaine Robinson-Frank RN MPH

- Health Net

Wells Shoemaker MD

- California Association of Physician Groups

What Are the Stars

- Annual CMS scoring of MA Plans—not groups
  - Technical quality, similar to P4P
  - Patient Satisfaction—CAHPS
  - Patient Recall—Health Outcomes Survey
  - Plan service performance
  - Part D drug measures
- Intent to stimulate improvement by publication of comparative reports
- Financial reward to successful Plans

Specifics

- 35 measures affected by delivery system
- Scores range from 0 to 5 stars
- Meaningful financial “click points” and procedural advantages at 3.0, 3.5, & 4.0
- Only 2 Plans in US now > 4.0. Most in CA 3.2-3.5
- Scores are all-CA. Amalgamate group scores → different dynamic from P4P.
- CMS can change measures, benchmarks, & weighting. Emphasize outcomes over process

Aligning Influence

- Plausible Patient benefit: Star measures correlate with better care...care we'd want for our parents or, gulp, ourselves
- Plans with established coordinated delivery systems should do well.
- Groups gain from financial rewards to Plans
- Groups gain "business case" for resource-intensive QI efforts

Elaine Robinson-Frank

- Financial stakes for California, and for individual Plans
- Clinical relevance
- Effects upon competition & choice for consumers
- Priorities in reform preparation

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Financial Stakes for CA and Individual Plans

- CMS lowered payment to plans and implemented quality bonus payments contingent on performance
- During the Demonstration Project quality bonus payments to Plans will be:
  - 3% ($800) Payments to 3 Star Plans
  - 3.5% Payments to 3.5 Star Plans
  - 4% Payments to 4 Star Plans
  - 5% Payments to 5 Star Plans
- In 2015 quality bonus payments to Plans will be:
  - 0% Payment to 3 Star Plans
  - 0% Payment to 3.5 Star Plans
  - 5% Payment to 4 Star Plans
  - 5% Payment to 5 Star Plans (with year round enrollment)

Financial Stakes for CA and Individual Plans

- Bonus payments are worth tens of millions to HN
- Current HNCA performance of 3.5 Stars is worth approximately $30M to Providers
- Failure to reach 4 Stars by 2015 will result in bonus payment going away
- Plans and Providers have large stakes
- Resource investment required to fully realize revenue potential

Clinical Relevance

- Stars and RCI share clinical goals:
  - Improved management and outcomes of complex chronic disease
- Cardiovascular disease and diabetes Star measures have the highest weighting value: 3
- HEDIS measures:
  - Hypertension controlled <140/90
  - Diabetic LDL-C controlled < 100
  - Diabetic HbA1c controlled < 9

Health Plan Strategy

- Member initiatives
  - Education, activation, self Management, health literacy
- Provider initiatives
  - Engagement, education, tools
- Strategic Partnerships
  - Collaboration, affiliations, medical home, ACOs, narrow networks
    - Coordinate care, reduce unnecessary care, readmissions and errors
    - Data sharing, information exchange
    - Rationalize shared functions
- Improved performance measurement for “other” measures i.e. satisfaction, appeals, access, customer service, pharmacy

Health Plan Strategy –Examples

- Collaborate with other Health Plans through CQC to develop a standardized format for the transmission of data to Provider Groups
- Exchange of member registry data for core HEDIS measures i.e.: Osteoporosis, DMARD, and Breast Cancer Screening
- Exchange information on initiatives with Provider Groups
- Immediate actionable feedback to member post HRA

Effects Upon Competition & Choice For Consumers

- Plans in CA need to be at 4 Stars
  - Plans < 4 Stars will be challenged to make Medicare Advantage viable
  - System needs competition to improve
  - Consumer choice
- 5 Star Plans may enroll members all year
- Icons on the CMS web site for 5 Star Plans
- Scarlet letter For 3 Star Plans

Priorities in Reform Preparation

- Become a 4/5 Star Plan
- Leverage collaborative efforts of Plans and Groups
- Manage Cost
  - SNP Growth – Unique Programs
  - Telephonic CM
- Reimbursement HCC Coding –
  - Manage Populations/Stratification
- Improve Measurement, Data Collection And Data Sharing

Shoemaker: WIIFM for Groups

- P4P “engine” often more expensive to run than P4P rewards
- Financial opportunity to improve QI infrastructure, bolster primary care
- CMS Stars improves business case for competing priorities
- Appeal to bulge of new senior enrollees
- Mitigate threat of narrow network

Rare Opportunity

- If we succeed → Universal benefit

1. Senior patients will get better care
2. Consumers will have wider choices & competition can "do its thing"
3. Plans can expand benefits & programs
4. Groups can expand QI activities for all age groups & ramp up senior outreach
5. Purchasers should see effects on overall efficiency & "value"

Collaboration 101

- California Quality Collaborative—10 years building educational infrastructure to advance QI through groups
- PBGH, Plans, Groups…now hospitals: "4 legs"
- Harness the existing "engine" to push Stars
- Kick offs March & April, now "Meteor Program" through 2011
- 2012 expand to harder measures

Facts of Life

- Proliferation of measures getting crazy
- Crushing PCP's & group & even Plan data staff
- Stars, P4P, ACO reporting obligations, Meaningful Use, PQRI, Plan-specific measures, group specific measures, Medi-Cal managed care, Value based patient modifiers, RCI—getting to be TNTC
- StarQuest seeks to improve real performance, scores, & finances...without breaking the camels' backs

New roof on the Old Cabin is not enough

We Can Do This